2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNOAL NLFON I											
1. Entity Nam	ne	# F0000000 JTION, INC.	1709				06 APR 2	ILED I PM	3: 24		
Principal Plac	e of Busines	5	Mailing Address	Mailing Address			1.11	در ادرید	HATE		
ONE CVS DRIVE			ONE CVS DRIVE				TALL TO A	· 11, F1	CAICA		
WOONSOCKET, RI 02895			WOONSOCKET, Rt 02895								
							II BBIIL BBIIA BBIAT BBAIL BBIII		IN 1888 BBCI 187	1100 11 11 11	
2. Principal F	lace of Busin	iess	3. Mailing Address								
2. Thiopart add of business									IN NUMBER WHEN THE		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03222006	Chg-P	CR2E0	34 (11/05)		
City & State			City & State			4. FEI Numb				plied For t Applicable	
Zip	Country		Zip	Zip Coun			e of Status Desired		\$8.75 Add	litional	
6. Name and Address of Current			it Registered Agent	legistered Agent			7. Name and Address of New Registered Agent				
			Name								
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD					Street Address	(P.O. Box Numb	per is Not Acceptable	·			
PLANTATI				Stree			er is 140t Acceptable	, 			
LANIA	552- 1										
					City			-	Zip Code	,	
								FL			
			for the purpose of changing it	s register	ed office or registe	red agent, or bo	oth, in the State of Flor	rida. I am f	amiliar with,	and accept	
the obligations of registered agent.											
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
				1 44		ADDITIONS	(C) IANGEO TO GEE	0500 11/0	DIRECTORY	20144	
10.	PCD	OFFICERS ANI		11.	<u> </u>	ADDITIONS	/CHANGES TO OFFI	CERS AND			
TITLE NAME	PCD Delete LANKOWKSY, ZENON P				E				☐ Change	☐ Addition	
STREET AOORESS	ONE CVS	•			EET ADDRESS						
CITY-ST-ZIP	WOONSO	CKET, RI 02895	,	'-ST-ZIP							
TITLE	VTD	Delete	TITL	E				☐ Change	Addition		
NAME	SOLBERG	S, LARRY D		NAM	IE	1			_		
STREET ADDRESS	ONE CVS			STRI		10	1 - 1				
CITY-ST-ZIP		OCKET, RI 02895		CITY	'-ST-ZIP	1 1 L	121				
TITLE	DS Delete III					\//	$V_{I} \subseteq I$		Change	☐ Addition	
NAME STREET ADDRESS	ONE CVS	T, THOMAS S		NAM	EET ADDRESS	r	•			}	
CITY-ST-ZIP		OCKET, RI 02895			'-ST-ZIP	•					
TITLE	AS		☐ Delete	TITL	E				Change	Addition	
NAME	LUKER, N	MELANIE		NAM			000 71 6 4/0601005	360)DS	_	
STREET ADDRESS	ONE CVS	DRIVE		STRE	EET ADDRESS	04/2	4/0601005 [.]	011	**5055	50.00	
CITY-ST-ZIP	WOONSC	CKET, RI 02895		CITY	'-ST-ZIP						
TITLE	AS		☐ Delete	TITL	E				Change	☐ Addition	
NAME		I, LINDA M		NAM							
STREET ADDRESS CITY-ST-ZIP	ONE CVS	OCKET, RI 02895			EET ADDRESS '-ST-ZIP						
	WOONSC	OCKET, KI 02095		_						□ 4400	
TITLE NAME			☐ Delete	TITL					☐ Change	Addition	
STREET ADDRESS	ADDRESS				EET ADDRESS						
CITY-ST-ZIP				CITY	'-ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director											
of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											
SIGNATURE Sunda M. Cumbron Linda Cimbron 4/5/06 401-765-1500											
SIGNAT	URE//_	SIGNATURE AND TYPED OF		7/3/06		01-700-10 aytime Phone #					
			OF THE OF SIGNING OFFICE	. J. DINEU			Dete	De	//		